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U.S. DISTRICT COURT E.D.N.Y.

★ SEP 28 2015 ★

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

LONG ISLAND OFFICE

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

CV 15 5685

BRYAN McCLURKIN 466275  
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY DEMAND

YES \_\_\_\_\_ NO ✓

-against-  
Suffolk  
110 CENTER DRIVE  
RIVERHEAD NY 11901  
Enter full names of defendants  
[Make sure those listed above are  
identical to those listed in Part III.]

BIANCO, J.

Defendants.

TOMLINSON, M

I Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (✓)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

3. Docket Number: \_\_\_\_\_

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

its still pending.

6. Approximate date of filing lawsuit: 8/20/15

7. Approximate date of disposition: 5/8/15

II. Place of Present Confinement: Suffolk County Jail

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (☒) No ( )

C. If your answer is YES,

1. What steps did you take? I filed a few  
grievances but the co's threw  
them out

2. What was the result? I got no Result

D. If your answer is NO, explain why not. They never  
got back to me

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (☒) No ( )

F. If your answer is YES,

1. What steps did you take? I called Atuzwail Alfar  
and filed a complaint

2. What was the result? still pending

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Bryan McClurkin

Address 110 Center Drive Riverhead NY 11901

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Charles Wagner # 1225  
110 Center Drive  
Riverhead NY 11901

Defendant No. 2

Edward Masonie # 961  
110 Center Drive  
Riverhead NY 11901

Defendant No. 3

# 216  
110 Center Drive  
Riverhead NY 11901

Defendant No. 4

upland and Riverhead  
set team

Defendant No. 5

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Make sure that the defendants listed above are identical to those listed in the caption on page 1).

IV. Statement of Claim:

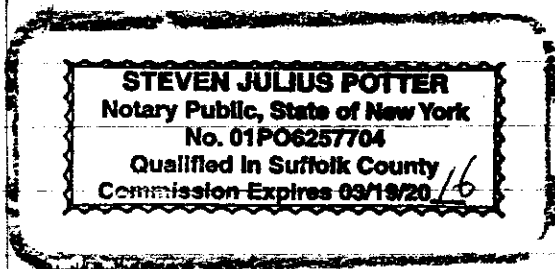
(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

On May 8<sup>th</sup> Co Edward Mason #961 and Co Charles Wagner #1225 and unphonable sent team assaulted me then cuffed me behind my back and beat my arm until my shoulder popped out of socket and continued beating on me, then I was placed in the mental health unit where I was denied help for almost a month. I finally got sent to medical at Riverhead Correction Facility where I got an x-ray and a hour later I was sent to the outside hospital perianic bay where I stated I was assaulted by staff and they x-rayed me and stated my shoulder was popped out of socket by force then they put me to sleep and my shoulder was placed back into socket. the next day I was sent back to Riverhead Correction Facility as soon as I entered the building Sgt and

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I'm claiming my shoulder was popped out of socket in both incidents, I got x-rays from the facility as well as the outside hospital perianic bay both times my shoulder was out of socket the second time I went to perianic bay they weren't able to place me to sleep to put my shoulder back into place I still can't move my shoulder I need help.

a bunch of Co's i remember this specific Co badge #216 they  
was also with the sort team waiting at the gate for me  
then they walked me to the dressing room and started  
asking me what i told the staff at the hospital i didn't  
reply and then they just started grabbing my bad arm threw  
me to the floor and took my clothes off then they just started  
beating me up i was screaming for help but they just kept  
hitting me then they dragged me into the elevator still  
beating my broken arm and punching me then i went out of  
conscious, the next day i woke up in the mental health unit then  
i waited a whole month to see medical and they gave me a  
xray and was told my shoulder is back out of socket. i got  
sent back to the outside hospital pecunia bay where i stayed  
they brought me there two different times when i came back the  
last time they assaulted me again then they told me my shoulder  
is out of socket, i still didn't have surgery they keep denying  
me i need surgery and therapy my arm hurts really bad.



x Bryn March

Sworn before me this  
22nd August 2015

Styork

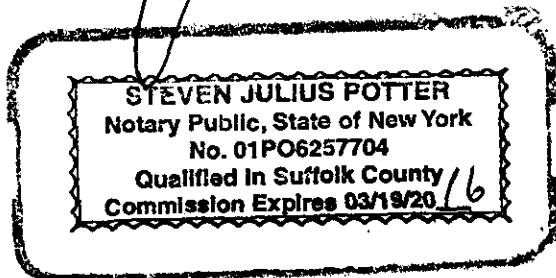
V. Relief

State what relief you are seeking if you prevail on your complaint.

*my arm will never be the same im traumatized  
im scared of the Correctional officers every time we  
have a shake down they violate my call im really  
scared for my life. Color of law Color of authority  
and abuse of power, im seeking 10 million for assest  
damages i been mentally and physically and  
emotionally scared.*

I declare under penalty of perjury that on 8/20/15, I delivered this  
(Date)  
complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 22 day of August, 20 15. I declare under penalty of  
perjury that the foregoing is true and correct.



*X Bm Wd*  
Signature of Plaintiff

Name of Prison Facility

*Suffolk County Correctional  
Facility 110 Center Dr  
Riverhead NY, 11901*  
Address

Prisoner ID#